

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>097763983</b>	FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				61						
2	1		1				62						
3	1		1				63						
4	1		1				64						
5	1		1				65						
6	1		1				66						
7	1		1				67						
8	1		1				68						
9	1		1				69						
10	1		1				70						
11	1		1				71						
12	1		1				72						
13	1		1				73						
14	1		1				74						
15	1		1				75						
16	1		1				76						
17	1		1				77						
18	1		1				78						
19	1		1				79						
20	1		1				80						
21	1		1				81						
22	1		1				82						
23	1		1				83						
24	1		1				84						
25							85						
26							86						
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29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	2		1				TOTAL IND.						
TOTAL DEP.	22		14				TOTAL DEP.						
TOTAL CLAIMS	24		15				TOTAL CLAIMS						

BEST AVAILABLE COPY